

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 DEC 31 PM 12: 26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #  
**A94000000937**

INTERSTATE BUSINESS PARK, LTD.

98-AR  
CM

Mailing Address

% GARCIA ENTERPRISES INC.  
15950 BAY VISTA DR #250  
CLEARWATER FL 34620

Principal Office Address

% GARCIA ENTERPRISES INC.  
15950 BAY VISTA DR #250  
CLEARWATER FL 34620

3. Date Formed or Registered

07/12/1994

3a. Date of Last Report

12/30/1996

4. State or Country of Formation

FL

5a. Capital Contributions as Shown on record.

\$100.00

5b. Amount of Capital Contributions in FLORIDA to date.

2. Mailing Address

Hill, Ward & Henderson

Suite, Apt. #, etc.  
PO Box 2231

City & State  
Tampa, FL

Zip  
33601-2231

Country  
USA

2a. Principal Office Address

101 E. Kennedy Blvd

Suite, Apt. #, etc.  
Suite 3700

City & State  
Tampa, FL

Zip  
33602

Country  
USA

6. FEI Number

59-3261731

Applied For  
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

GARCIA, MARTIN L  
101 E. KENNEDY BLVD.  
SUITE 3700  
TAMPA FL 33602

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

INTERSTATE BUSINESS PARK GEN

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

% GARCIA ENT. INC., 1

11b. City, State & Zip Code

CLEARWATER FL 34620

11c. Registration/Document Number

A94000000908

200002401152-7  
-01/15/98--01034--002  
\*\*\*\*156.25 \*\*\*\*156.25

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

*Martin L. Garcia*  
Martin L. Garcia

DATE

12/24/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

(813) 535-0772

CP2E003 (6/97)